

Case Number:	CM15-0168472		
Date Assigned:	09/09/2015	Date of Injury:	03/28/2011
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 36-year-old male, who sustained an industrial injury, March 28, 2011. The injury was sustained when the injured worker was unloading a slab from a truck. The injured workers boss was driving the forklift. The boss was being very rough with the forklift. The injured worker turned the forklift suddenly while holding the slab of concrete upright from the top. The injured worker tried to turn the slab in the right direction and the left hand got caught between the slab and the forklift. According to psychological progress report of April 13, 2015, the injured worker's chief complaint was severe unremitting depression, anxiety, trouble thinking clearly, paresthesias, heart palpitations, GI symptoms, sweating, sleep disturbances and appetite disruption. The injured worker reported having a deleterious effect on the client's work performance, personal relationships and health. The injure worker reported the low back pain level at 7 out of 10 and 8 out of 10 in the left arm with no medications. The injured worker was able to sleep 5 hours at night. The evaluation at this visit rated the depression in the mild range. The cognitive behavioral therapy was for maintaining positive improvements and increasing interaction with the public. The biofeedback level was 3 out of 5, 1 being increased positive coping and 5 being decreased depressive and anxious symptoms. The injured worker was diagnosed with depression, psychologically disabled, anxiety, lumbar facet syndrome, and lumbar radiculopathy and left hand pain. The injured worker previously received the following treatments random toxicology laboratory studies showed consistent findings with prescribed medications, 12 sessions of physical therapy, H-wave therapy at home and psychiatric services. The RFA (request for authorization) dated April 13, 2015, which included the following

treatments 3 sessions of psychotherapy and 3 sessions of biofeedback. The UR (utilization review board) denied certification on August 12, 2015, was based on the available clinical documentation continued psychotherapy was not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychotherapy (3-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The total quantity of treatment sessions that the patient has received to date was not clearly stated in the provided medical records. This information is needed in order to determine whether additional sessions are consistent with industrial guidelines for treatment

quantity. There are however, indications of psychological intervention dating back to at least August, 2012. Based on this information, at this juncture it appears more likely than not that the patient has been afforded the maximum quantity of psychological treatment as recommended by the industrial guidelines. The Official Disability Guidelines recommend a psychological course of treatment to consist of 13 to 20 sessions for most patients. An exception can be made in some cases of the most severe symptoms of Major Depressive Disorder for PTSD to allow for one year of treatment or up to 50 sessions maximum. For this reason the request appears to exceed industrial guidelines and therefore the medical necessity of the request is not supported.

Biofeedback (3-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may continue biofeedback exercises at home independently. The MTUS guidelines for biofeedback states that the course of treatment recommended is up to 10 sessions maximum after which the patient should be able to use the biofeedback techniques independently at home. Because the patient has received the recommended treatment quantity and because there is no provision for extending it explicitly stated in the industrial guidelines, the request for 3 additional sessions would be excessive per industrial guidelines and therefore the medical necessity of the request is not supported.